Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

I. Request Information

A. The **State** of **Maryland** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

B. Waiver Title (*optional*): **Community Supports Waiver**

C. CMS Waiver Number: MD.1506

D. Amendment Number (*Assigned by CMS***):**

E.1 Proposed Effective Date: 7/1/2019

E.2 Approved Effective Date *(CMS Use):*

II. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The purpose of this amendment is to continue to: (1) support DDA's five priority focus areas (employment, self-determination, self-direction, supporting families, and supported housing); (2) align the waivers with DDA's transformation and incorporate feedback received through DDA transformation meetings, trainings, and presentations; (3) support program integrity (e.g. quality assurance/federal performance measures, protect people's rights, prevent fraud); and (4) ensure fiscal accountability.

The first amendment will include programmatic adjustments, such as:

1. Alignment of the services scope, requirements, limitations, qualifications, and effective date for the three home and community-based service waivers programs that support individuals with developmental disabilities which includes the Family Supports Waiver, Community Supports Waiver, and the Community Pathways Waiver.
2. Adjustment of some of the service implementation to provide additional time for rate setting and development of critical operational and billing functionality.

Notable changes in each Appendix in this amendment include:

Alignment of language and terminology throughout the appendices with the comprehensive waiver.

Appendix A

1. Request to change waiver year start from January to July to align with the comprehensive waiver.
2. Development of a transition plan.

Appendix B

1. Exclusion of one time cost, such as assistive technology, environmental modifications, vehicle modifications, and staff recruitment and advertisement, from the budget limit (i.e. funding cap).
~~1.~~2. Authorization of additional supports and funding above the cap to meet increased needs based on demonstrated assessed need.
~~2.~~3. Adjustments to the projected number of individuals served (i.e. slots) to account for more transitioning youth entering the comprehensive waiver.
4. Adjustment to reserved capacity projections based on current experience and future projections.
5. Addition of three new reserved capacity categories including Emergency, Department of Human Services (DHS) Foster Kids Age Out and Maryland State Department of Education (MSDE) Residential Age Out.

Appendix C

1. Alignment of all services scope, requirements, limitations, qualifications, and effective date for the DDA home and community-based waivers;
2. Adjustment of some service effective dates from July 2019 to July 2020 to provide additional time for rate setting and development of critical operational and billing functionality;
3. Changes in behavioral support services qualification requirement including clinician experience and competencies and support staff behavioral technician training;
4. Changes in ~~C~~career ~~E~~exploration, including the clarification of time limited for new users with authorization for up to 720 hours per plan year~~three months~~;
5. Addition of self-direction for day habilitation;
6. Increase flexibility in nursing case management and delegation services to provide the option to authorize additional hours due to change in condition after a hospital or skilled nursing facility discharge;
7. Improvements to respite that include (1) a daily rate will be used for licensed sites and hourly rate for in/out of home services; (2) increase service to include a daily/hourly limit up to 720~~360~~ hours/year plus up to $7,248 toward camps; and (3) adjustment to staff qualifications (i.e. GED/HS Diplomas/Age requirements);
8. Addition of employment services as a waiver services;
9. Change of terminology related to DDA-approved providers to DDA-certified providers; and
10. Updates to criminal background checks including new draft requirements.

Appendix E

1. Addition of budget authority for day and employment services.

Appendix I and J

1. Addition of employment services.
2. Adjustments to estimated users and projections.
3. Adjustment to behavioral support consultation services from an hourly unit to a fifteen minute unit.
4. Payment systems will transition to Maryland's Long Term Services and Supports (LTSSMaryland~~MDLTSS~~) system on July 1, 2020.

III. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

Component of the Approved Waiver		Subsection(s)
☐	Waiver Application	
☒	Appendix A – Waiver Administration and Operation	A 6. I and Attachment #1
☒	Appendix B – Participant Access and Eligibility	B-1b.; B-2; B-3; B-4; B-5; and B-6
☒	Appendix C – Participant Services	C-1/C-3; C-2
☒	Appendix D – Participant Centered Service Planning and Delivery	D-1 and D-2
☒	Appendix E – Participant Direction of Services	E-1 and E-2
☐	Appendix F – Participant Rights	
☒	Appendix G – Participant Safeguards	G-1 and G-2
☒	Appendix I – Financial Accountability	I-2
☒	Appendix J – Cost-Neutrality Demonstration	J-1 and J-2

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

☐	Modify target group(s)
☐	Modify Medicaid eligibility
☐	Add/delete services
☒	Revise service specifications
☒	Revise provider qualifications
☒	Increase/decrease number of participants
☒	Revise cost neutrality demonstration
☐	Add participant-direction of services
☐	Other (specify):

IV. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding this amendment is:

First Name:	Marlana R.
Last Name	Hutchinson
Title:	Deputy Director, Nursing and Waiver Services
Agency:	Maryland Department of Health – ~~Office of Health Services~~Office of Long Term Services and Supports (OLTSS)
Address 1:	201 West Preston Street, 1st Floor
Address 2:	
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	(410) 767-4003
E-mail	marlana.hutchinson@maryland.gov
Fax Number	(410) 333-6547

B. If applicable, the operating agency representative with whom CMS should communicate regarding this amendment is:

First Name:	Rhonda
Last Name	Workman
Title:	Director of Federal Programs
Agency:	Maryland Department of Health – Developmental Disabilities Administration
Address 1:	201 West Preston Street, 4th Floor
Address 2:	
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	(410) 767-8690
E-mail	Rhonda.Workman@maryland.gov
Fax Number	(410) 333-5850

V. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature: _____ State Medicaid Director or Designee	**Date:**	

First Name:	Robert R.
Last Name	Neall
Title:	Secretary
Agency:	Maryland Department of Health
Address 1:	201 W. Preston Street
Address 2:	5th Floor
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	410-767-4639
E-mail	Robert.neall@maryland.gov
Fax Number	410-767-6489

1. Request Information

A. The **State** of **Maryland** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. Program Title (*optional – this title will be used to locate this waiver in the finder*): **Community Supports Waiver**

C. Type of Request: *(the system will automatically populate new, amendment, or renewal)*

Requested Approval Period: (*For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

	3 years
X	**5 years**

☐	**New to replace waiver** Replacing Waiver Number:		
☐	**Migration Waiver** – this is an existing approved waiver Provide the information about the original waiver being migrated		
	Base Waiver Number:		

	Amendment Number (if applicable):		
	Effective Date: (mm/dd/yy)		

D. Type of Waiver *(select only one)*:

○	**Model Waiver**
◉	**Regular Waiver**

E. Proposed Effective Date: January 1, 2018

Approved Effective Date *(CMS Use):*

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan *(check each that applies)*:

☐	**Hospital** *(select applicable level of care)*	
	○	**Hospital as defined in 42 CFR §440.10** If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:
	○	**Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160**
☐	**Nursing Facility** *(select applicable level of care)*	
	○	**Nursing Facility as defined in 42 CFR §440.40 and 42 CFR §440.155** If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:
	○	**Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**
☑	**Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)** If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID facility level of care:	

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

◉	**Not applicable**

○	**Applicable**
	Check the applicable authority or authorities:
☐	**Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**
☐	**Waiver(s) authorized under §1915(b) of the Act.** *Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:*
	Specify the §1915(b) authorities under which this program operates (*check each that applies*):

☐	§1915(b)(1) (mandated enrollment to managed care)	☐	§1915(b)(3) (employ cost savings to furnish additional services)
☐	§1915(b)(2) (central broker)	☐	§1915(b)(4) (selective contracting/limit number of providers)

☐	**A program operated under §1932(a) of the Act.** *Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:*
☐	**A program authorized under §1915(i) of the Act.**
☐	**A program authorized under §1915(j) of the Act.**
☐	**A program authorized under §1115 of the Act.** Specify the program:

H. Dual Eligibility for Medicaid and Medicare.

Check if applicable:

☑	**This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The Community Supports Waiver is designed to provide support services to participants and their families, to enable participants to work toward self-determination, independence, productivity, integration, and inclusion in all facets of community life across their lifespans. It supports individuals and families as they focus on life experiences that point the trajectory toward a good quality of life across the lifespan. Services can support integrated life domains that are important to a good quality of life, including daily life, safety and security, community living, healthy lifestyle, social and spirituality, and citizenship and advocacy. These services will build on each participant's current support structures to work toward individually defined life outcomes, which focus on developing the participant's abilities for self-determination, community living, socialization, and economic self-sufficiency.

The goals for the Community Supports Waiver include providing:

- Innovative service options aimed at providing supports that build on the DDA's existing Community of Practice related to Employment and Supporting Families;
- Participant and family self-direction opportunities;
- New Housing Support Services to increase independent living opportunities; and
- ~~Flexibility for participants and families to move dollar amounts among line items within their approved Person-Centered Plan to meet the emerging and changing needs of the participant and family; and~~
- ~~Short-term exceptions to the overall budget caps based on exceptional needs, such as family caregiver support needs, post hospitalization, and short-term care needs.~~ Transitioning to new Employment Services and provider rates.

As an Employment First State, Meaningful Day and Employment services are predicated on the belief that all individuals with developmental disabilities can work when given the opportunity, training and supports that build on an individual's strengths. Employment is the first service considered but not the only choice. The intent of s~~S~~ervices and supports are to ~~shall~~ increase individual independence and reduce level of service needed.

Waiver Organizational Structure:

The Maryland Department of Health (MDH) is the single state agency for Medicaid. MDH's ~~Office of Health Services (OHS)~~Office of Long Term Services and Supports (OLTSS) is responsible for ensuring compliance with federal and state laws and regulations to the operation of the waiver. MDH's Developmental Disabilities Administration (DDA) is the operating state agency and funds community-based services and supports for

people with developmental disabilities. The DDA has a Headquarters (HQ) and four Regional Offices (RO): Central, Eastern, Southern, and Western.

The DDA utilizes various agents, licensed providers, and contractors to support the administrative, operations, and direct service delivery. Medicaid State Plan targeted case management (TCM) services are provided by licensed Coordination of Community Services (CCS) agencies. The MDH's Office of Health Care Quality (OHCQ) performs licensing, surveys, and incident investigations.

Participants will receive case management services, provided by licensed Coordination of Community Services (CCS) providers, through the Medicaid State Plan Targeted Case Management (TCM) authority. Each Coordinator of Community Services assists participants in developing a Person-Centered Plan, which supports ~~ensuring~~ individual health and safety needs ~~are~~ being met. The coordinator is also responsible for conducting monitoring and follow-up to assess the quality of service implementation.~~and services are actually provided, and assuring that participants are satisfied with the services they are receiving.~~

Services are delivered under either the Self-Directed or Traditional Service Delivery Models provided by qualified providers (i.e. individuals, community-based service agencies, vendors, and entities) throughout the State. Services are provided based on each waiver participant's Person-Centered Plan to enhance the participant's and his/her family's quality of life as identified by the participant and his/her family through the person-centered planning process.

Services are provided by licensed community agencies and/or individuals and companies under the self-directed service delivery model. Providers offering career exploration facility based supports, day habilitation, licensed respite, community living - group home, and community living - enhanced supports waiver services must meet provider qualifications and have their provider owned and/or operated sites licensed. Services provided in the community or the person's own home such as employment services, personal supports, respite, and assistive technology and services must meeting provider qualifications to be certified by the DDA. Fiscal Management Services (FMS) and Support Brokerage services are also provided for individuals that use the self-directed service delivery option. This organizational structure provides a coordinated community-based service delivery system so that people receive appropriate services oriented toward the goal of full integration into their community.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. Waiver Administration and Operation. **Appendix A** specifies the administrative and operational structure of this waiver.

B. Participant Access and Eligibility. **Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. Participant Services. **Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. Participant-Centered Service Planning and Delivery. **Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. Participant-Direction of Services. When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. *(Select one)*:

⊙	**Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
○	**No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. Participant Rights. **Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. Participant Safeguards. Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. Quality Improvement Strategy. Appendix H contains the Quality Improvement Strategy for this waiver.

I. Financial Accountability. Appendix I describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. Cost-Neutrality Demonstration. Appendix J contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. Comparability. The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. Income and Resources for the Medically Needy. Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

○	**Not Applicable**
○	**No**
⊙	**Yes**

C. Statewideness. Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

⊙	**No**
○	**Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐	**Geographic Limitation**. A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State. *Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area*:
☐	**Limited Implementation of Participant-Direction**. A waiver of statewideness is requested in order to make ***participant direction of services*** as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.

	Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

A. Health & Welfare: The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;

2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,

3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

B. Financial Accountability. The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. Evaluation of Need: The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community-based waiver services.

Appendix B specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. Average Per Capita Expenditures: The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. Actual Total Expenditures: The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. Institutionalization Absent Waiver: The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. Reporting: The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. Habilitation Services. The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. Services for Individuals with Chronic Mental Illness. The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR §440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. Service Plan. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. Inpatients. In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. Room and Board. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. Access to Services. The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. Free Choice of Provider. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. FFP Limitation. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally

liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. Fair Hearing: The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. Quality Improvement. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified throughout the application and in **Appendix H**.

I. Public Input. Describe how the State secures public input into the development of the waiver:

The DDA partners with people in services, self-advocates, family members, service providers, advocacy organizations, and subject matter experts to enhance services and supports for Marylanders with developmental disabilities. This partnership includes working with various groups related to employment, self-direction, supporting families, person-centered planning, coordination of services, supporting children, training, system platforms, and rates, ~~and more~~.

The DDA also shares information and overviews of the waiver and services for various groups. These events provide opportunities to obtain additional information, input, and recommendations from participants that can influence waiver services, policies, and procedure changes.

The DDA recognizes and appreciates the diversity of input we receive from stakeholders. We carefully considered input and recommendations from people with developmental disabilities and various stakeholders for changes to our services, processes, and policies. The amendment is a result of input and recommendations the DDA ~~has~~ received from stakeholders.

The following list ~~Examples~~ of groups, meetings, subject matter experts, and presentations include:

Employment First Webinars related to Meaningful Day Services ~~were~~ held ~~in which included request for feedback or questions to be sent in via email. Those pieces of feedback were used when looking at developing guidance and potential waiver amendment –~~ July, August and November of 2018.

Provider stakeholder group meetings ~~were~~ held ~~to have a conversation related to changes in employment service definitions and focus on competitive integrated employment. Feedback from~~

~~this meeting was used to develop policy and further waiver guidance on –~~ July 25 and September 7, 2018.

Tiered Standards Leadership Team meetings ~~were~~ held ~~to discuss potential tiered standards for current facility-based services –on~~ July 7th and September 12th, 2018

Employment First State Leadership Team meetings ~~were~~ held on ~~providing information to State partners in Employment First, including waiver updates. Feedback and recommendations were obtained and considered for waiver updates –~~ July ~~1~~, August ~~15~~, September ~~11~~, November ~~14~~ and December ~~12,~~ of 2018.

~~The~~ DDA presentation~~ed~~ at the Maryland State Department of Education (MSDE) Professional Learning Opportunities (PLO~~S~~) ~~in. DDA staff presented at the MSDE PLOs to provide updated information regarding DDA's waivers, most specific to Meaningful Day services, answer questions, and obtain feedback for waiver enhancements –~~ on four dates in November ~~1, 5, 8, 9,~~ 2018

~~The DDA held m~~Multiple in-person meetings with DDA licensed or ~~approved~~certified provider organizations to share information, provide~~r~~ technical assistance for compliance with the community-settings requirements, and obtain input new opportunities, challenges, and concerns.

Monthly Statewide Behavior Supports Committee ~~monthly~~ meetings ~~were held~~ related to behavioral supports services to include seeking input related to staff qualifications, requirements, and training.

The DDA Transformation Advisory Committee held meetings to share information and obtain input related to transformation efforts including waiver services challenges and concerns on –June 12, 2018, September~~,~~ 10, 2018, October 25th 2018, November 16, 2018 December 6, 2018, and January 11, 2019.

The DDA Coalition Meetings ~~were~~ held on ~~to share information and obtain input related to the service delivery system including waiver services –~~ July 10, 2018, August 2, 2018, and December 19, 2018

The Maryland Association of Community Services ~~(MACS) M~~meetings ~~on to share information and obtain input related to the service delivery system including waiver services –~~ September 13, 2018

The Self-Directed Advocacy Network (SDAN) held quarterly meetings. ~~to share information and obtain input related to the service delivery system including waiver services – Quarterly basis~~

The Applied Self-Directions (ASD) monthly calls ~~with~~hosted subject matter experts to discuss various service delivery components related to self-directed services including training and curriculum development; waivers services and national best practices.

The Service Authorization Work Group held four meetings ~~to obtain input related to waiver services authorization and billing criteria –~~ July and one in August ~~18,~~ 2018 to obtain input related to waiver services authorization and billing criteria~~; July 19, 2018; July 24, 2018; July 25, 2018; and August 3, 2018~~.

The Community Coordination Coalition (CCC) ~~to shared information and obtain input related to the~~ service delivery system ~~including~~and waiver services input monthly. ~~– 3rd2nd Thursday of every month~~

The Technical Work Group ~~to~~ shared information and obtain input related to services and rates - June 13, 2018~~;~~, August 10, 2018~~;~~, August 31, 2018~~;~~, and October 26, 2018

Maryland's Long Term Services and Supports ~~(LTSSMarylandLTSS)~~ Provider Work Group ~~to~~ shared information and obtain input related to the service delivery system ~~including~~and waiver services monthly from ~~–~~July ~~10,~~ 2018 to ~~; August 7, 2018; September 4, 2018; October 2, 2018; November 6, 2018; December 4, 2018; and~~ January ~~8,~~ 2019

DDA Public Presentations – examples including:

1. The Hussman ~~Center~~Institute – Self-Directed Service Delivery Model presentation on July 24, 2018
2. Maryland Association of Community Services ~~(MACS)~~ General Membership Meeting - DDA updates on September 13, 2018
3. Quality Trust – Understanding the DDA Waivers on October 20, 2018 and DDA Service Delivery Models on November 3, 2018
4. Transition Resource Fair - Navigating Toward Independence – Overview of the DDA Service Delivery Models on November 17, 2018
5. Maryland Association of Community Services (MACS) Conference - DDA Hot Topics including waiver amendments on November 30, 2018
6. Kennedy Krieger Institute – DDA Overview including waivers and services on December 7, 2018
7. Parents Place of Maryland – DDA Overview including waivers and services on January 25, 2019

DDA Transformation Newsletter and Email

On January 17, 2019, the DDA sent out information to all stakeholders and partners regarding the Waiver amendment application and upcoming overview webinars. In addition, information about the upcoming amendment has been shared in the DDA Transformation Newsletter including the September 18, 2018 and January 23, 2019.

Dedicated DDA Amendment Webpage

The DDA established a dedicated DDA Waivers - Amendment #1 2019webpage and posted information about the draft waiver amendment application, and the public webinar presentation. The website is located at: https://dda.health.maryland.gov/Pages/DDA_Waivers-Amendment1_2019.aspx.

Waiver Amendment Overview

The DDA ~~will~~ conducted ~~two DDA Amendments Overview W~~webinars on February 2, 2019 ~~from 1 p.m. to 2 p.m.~~ and February 4, 2019 ~~from 10 a.m. to 11 a.m.~~ to share an overview of the proposed amendment. The same presentation ~~will~~was ~~be~~ provided at both times. The DDA ~~will~~was also ~~h~~eld a meeting on February 11, 2019 from 6:30 to 8:30 p.m. to hear participants shared suggestions, recommendations, concerns, and provide an opportunity for questions.

Formal Public Comment Period

~~Stakeholders havehad the opportunity to provide additional input on the proposed amendment via the formal public input process that willwas be from February 2, 2019 through March 3, 2019.~~

The Maryland Urban Indian Organization (UIO) ~~for Tribal Consultation~~ was notified on February 1, 2019~~(insert date) of the posting of the Waiver application~~.

From February 2, 2019 - March 3, 2019, stakeholders had the opportunity to provide input on the proposed ~~The formal public comment period for A~~amendment ~~#1 2019 proposal was held~~. Request for public input was also posted in the Maryland Register ~~(Issue Date:~~on February 1, 2019~~)~~, which is available electronically or in hard copies as well as in different languages and formats to ensure accessibility statewide at the local health departments, DDA Headquarter Office and DDA Regional Offices.

The formal public comment period for Amendment #1 2019 proposal was held from February 2, 2019 - March 3, 2019. In total, 110 unduplicated individuals, families, providers, and advocacy agencies submitted input. Below is a summary of the comments received during the public comment period and the DDA's responses. A complete listing of all comments and responses can be found on the DDA website.

The DDA received a comment of appreciation and support of amendments intended to bring about consistency and clarity across the three waivers. Nine comments related to language changes in the Purpose of the HCBS Program section. Suggested language changes included: specifying input from innovative processes be required; requiring specific training for coordinators of community services (CCSs), caregivers, and staff; providing emergency funding; and using the words "employees", "employees and vendor staff" and "vendor staff" when appropriate were not accepted. The DDA explained the input process, current training requirements, the availability of emergency funding, and why "employee" was used. Accepted suggestions include clarifying CCSs' monitoring roles and responsibilities and services intent for increasing independence.

Three comments were received for Appx. A. Providers' suggestions to remove discharge language from nursing case management and delegation and comments regarding the age limit of respite providers were not accepted. The DDA explained that delegation may be needed after discharges, and lowering the required age limit of respite providers to 16; explaining that stakeholders requested the change. Accepted suggestion included rewording supported employment/day habilitation language related to transitioning to career exploration.

Two comments were received for Appx. B regarding reserved capacity and CCS monitoring. Slot categories were explained and the DDA agreed to consider provider capacity for TYs and Foster Kids. A CCS quarterly monitoring adjustment suggestion was accepted.

Twelve comments were received for Appx. C. A suggestion to include the title and form number of the Supportive Decision Making Agreement was not accepted as it is an agreement and not a standard form. A comment that provider applications not be required for providers of self-directed services, or individuals/businesses licensed in Maryland was not accepted. The DDA explained that applications are needed for providers where only budget authority is offered. The DDA provided clarification to comments regarding DDA approved/DDA certified vs licensed providers, and that a formal certification process is needed. The DDA explained that a formal provider approval process is in place for DDA providers to be certified or licensed. A comment that the Maryland Board of Nursing requirement of certification for unlicensed direct support providers is a hardship was received; the DDA explained this is Maryland law. Three comments regarding criminal background checks limiting community access were not accepted; DDA explained that criminal background checks are needed to protect waiver participants. The DDA did not accept

suggestions to add a grandfather clause for participants who will no longer meet new language; that criteria for payments are removed; that service definitions are restrictive and overlapping; and State Plan policy language goes against waiver's purpose. The DDA explained that service definitions give participants choice and flexibility and that accessing State Plan policy language is required by Centers for Medicare and Medicaid Services (CMS).

The DDA received two comments for assistive technology and services. The DDA explained that DDA applications are not needed and that training requirements are required for assistive technology professionals who provide self-directed services.

Five comments were received regarding behavioral support services. One comment that behavior consultation service units be changed to 15 minutes were accepted. Two comments were affirmed, that only licensed professionals should oversee services. A comment stated that competency requirements are redundant and another recommended removing Functional Behavior Analysis and Antecedent Behavior Consequence language were not accepted. The DDA advised that competencies explain provider requirements for providing service and explained that Functional Behavior Analysis and Antecedent Behavior Consequence language would remain due to regulations.

Sixteen comments were received for career exploration. Suggestions to redefine, remove, or expand the time limit were received. The DDA clarified the time limit will not apply to those currently in service. The DDA received a suggestion to remove the Monday - Friday limit and clarified it is only for facility-based supports. Providers made comments related to competitive integrated employment, including creating an alternative that allows those who work but do not meet the definition. The DDA explained that assessing individual situations, as places may meet the community settings rule but not competitive integrated employment. The DDA did not accept a suggestion to remove the requirement for an employment goal from the service definition as the service is designed to create a path toward employment. Four comments were not accepted concerning CMS guidelines and excluding employment business and allow service flexibility; DDA clarified it is not excluding businesses but assessing situations individually using CMS guidance.

Fifteen comments were received for community development services. Advocates' recommendation that community development services should be available in the home was not accepted; participants can return home throughout the service for time-limited periods to address health and personal needs. Comments to include home-based employment and hobbies within the service were not accepted; employment supports can be offered through employment services. Comments to include educational programs and activities were not accepted, as access is included but does not cover associated costs. A comment that apprenticeships are excluded was not accepted as time limited volunteering, internships and apprenticeships are covered. A suggestion to remove the four person limit was not accepted. A provider commented the service implies that staff remain with someone the whole time they are volunteering, which encourages dependence. The DDA explained that billing should occur for direct support and is not needed for independent volunteering. A comment that definitions makes billing complex was not accepted; definitions allow options for participants. Billing guidance is forthcoming. A suggestion that billing needs to include transportation was received; DDA clarified when billable. The DDA did not accept language edits that self-directed community development Services can be used with standalone transportation service. A provider asked DDA to clarify that community development services and employment services can be used on weekends and that day habilitation is only available Monday – Friday; the DDA confirmed the availability of these services as noted.

The DDA did not accept a recommendation that Employment Discovery and Customization have employer and budget authority under self-direction; Employment Discovery and Customization having budget authority ensures qualified providers.

Four comments were received for Employment Services. The DDA accepted a suggestion to clarify employment services overlap with residential services; guidance will be shared. The DDA explained 90 hours can be authorized up to twice a year to clarify job development limitations comment. A suggestion regarding billing concerns stated that a more flexible method of job development is needed and that separation of job development and support will not improve employment options. The DDA clarified Employment Services is designed to improve flexibility and rates will be considered with the rate study

Nine comments were received for individual and family directed goods and services. Comments suggested offering individual and family goods and services under the traditional service delivery model; to remove or increase the cap; to cover service animals and smartphones; and to cover classes and activities in the community were not accepted. The DDA will consider expanding the list of covered items in the future. Options are available through other Medicaid programs and other waiver services for service animals, smartphones, and community activities (classes). Comment suggested that service be flexible to support access to qualified providers. The DDA explained that providers and services are broad for inclusion of commercial businesses, community organizations, and licensed professionals.

Two comments were received for medical day care. The DDA explained nursing services are currently covered in this service and the OLTSS will consider behavioral supports in medical day care.

One comment suggested allowing nurse case management and delegation during employment discovery and customization was not accepted as this service is time limited.

Two comments were received for participant education, training and advocacy supports. As transportation is included in participant education, training and advocacy supports; and standalone transportation service can be used, the suggestion to increase a cap was not accepted. The DDA explained that educational opportunities available outside of waiver services can also be explored, and did not accept a suggestion to increase the 10 hours/year limit.

The DDA received 22 comments for personal supports. One comment that personal supports is limiting and goes against person-centered planning. The DDA explained that personal supports is designed to complement waiver and other community services so participants receive needed supports. A suggestion to add language that emphasizes support was accepted. A suggestion to include travel time in the rate was received. The DDA explained the rate includes transportation but travel to and from the service cannot be billed. The DDA accepted a suggestion that service be offered anytime Meaningful Day supports are not in session. There was a comment of disagreement with overnight supports being removed from service. The DDA explained that personal supports is designed to be habilitative and differs from personal care offered in the State plan. A suggestion that assistive technology be used to support overnight coverage will not work. The DDA explained that medical need for support can be received through the State plan and concerns should be shared with the regional office director for further assistance. Advocates expressed concerns about weekday time restrictions; the DDA stated that personal supports is not limited to weekdays. The DDA did not accept suggestions to redefine service to include companion and homemaker supports or cover service gaps between DDA and State plan. The DDA did not accept suggestions to exclude self-directing participants from 82 hour limit or increase the limit, as more hours can be authorized if there is an assessed need. Recommendation

to support those currently receiving over 82 hours of supports was submitted. The DDA explained hours are authorized based on need. The DDA accepted the suggestion to include maintenance of skills and health management in the definition. The DDA accepted the suggestion to include language around the cost-effectiveness and appropriateness of needs.

There were eight comments for respite. Advocates suggested allowing overnight supports in the home be covered under respite; the DDA confirmed it this is covered. The DDA accepted comments suggesting raising the funding cap and separate camp dollars from overnight respite hours. The respite limitation was increased to 720 hours in addition to camp. A comment suggested to include specialized respite and behavioral respite homes was not accepted; services are provided under administrative contracts. The DDA did not accept a comment to suggest offering behavioral supports during respite, as it is time limited and behavior support services is offered through other services. The DDA did not accept a comment suggesting removal of training requirements for contractors or family staff. DDA must comply with the Maryland Board of Nursing requirements.

Fourteen comments were received for support broker. One suggestion that language should encourage use of support brokers; the DDA explained it supports self-direction and support broker use, but it is optional. Suggestions to change language regarding support broker roles and responsibilities to include day to day management of the plan, developing and implementing strategies, signing timesheets, establishing budgets, assisting with budget and employer authority, or hiring/firing workers were not accepted. The DDA explained support broker is designed to support self-direction participants by giving employer related information and advice so the participant can make informed decisions about managing services. Advocates suggested adding that support broker be the primary advocate for participants; the DDA did not accept, as the participant has the freedom to choose their primary advocate. Recommendation that support broker differs from case management in intensity, frequency and level of detail was not accepted. The DDA stated each service is different and this could apply to all services. The DDA did not accept a suggestion to remove language regarding participants' significant health and medical changes, as wording relates to additional supports being authorized above the limit. Advocates expressed concerns that 4 hour limit not being person–centered; the DDA explained the State is required to outline scope, nature, and limits of each service. The DDA accepted a suggestion to remove provider qualifications numbers 9 through13.

A comment suggested including businesses in a participant's home in supported employment. The DDA stated that it will develop guidance related to self-employment.

Thirteen comments were received for transportation. Advocate comments suggested transportation be a standalone service for those in self-direction whether or not they are receiving support from another service at that time; the DDA did not accept, explaining the service is designed to support independent travel and transportation is part of Meaningful Day and residential services. Comments suggesting removal of the words "independently" and "agreement" from the definition were not accepted; when used, "independently" indicates the person accesses their community without staff supports, and "agreement" clarifies specific details related to mileage reimbursement. Comments regarding family members and individual legally responsible being paid for service were not accepted. The DDA explained "legally responsible individuals" is used by CMS, and relatives can be reimbursed. One comment that reimbursement criteria limits community access. The DDA explained service is designed for independent travel in community. Providers recommendation to restore vehicle purchases to service was not accepted, as this service is designed for independent travel; transportation is a part of meaningful day and residential services. A comment that individuals providing service under self-direction do not need a DDA application, the DDA confirmed this is the case.

Four comments were received for Appx. D. The DDA accepted a suggestion to revise language regarding CCSs ensuring health and safety or service delivery to reflect their monitoring role. Recommendation to clarify how a person-centered plan (PCP) is developed including assessment information; the DDA clarified that the CCS is responsible for gathering information about requested services with participant/representative input, remaining members of the team may also provide information. One comment received asked DDA to describe "back-up" plan in detail was not accepted; the DDA explained information related to back-up plans is found in Appx. D-1e.

Forty-two comments were received for Appx. E. Comments included the separation of home and community-based services are impractical and not wanted; self-direction service options were reduced; and self-direction is being discouraged due to the term "traditional services." The DDA explained that service changes are based on stakeholder input; offer new opportunities; and service options have increased including support brokers services The DDA explained there are two service delivery models offered and that CCSs support participants regardless of service delivery model. Recommendation to use "participant" or "participant/designated representative" throughout document, concerns about self-direction criteria and suggestions to remove designated representative language were received. The DDA explained CMS uses "participant" related to individuals enrolled; designated representative is not required. The DDA deleted criteria and added wording that participant or their designated representative being capable of making decisions. Suggestion to restore the federal Independence Plus designation was not accepted; CMS stated to remove. A comment stating the financial management service (FMS) request for proposal (RFP) references the wrong start date was clarified by the DDA; the RFP is expected to be released summer of 2019. Comment that FMS should be a waiver service instead of administrative was not accepted, as FMS has traditionally been an administrative service. Concerns that more than one FMS is needed because one FMS may be a monopoly were considered. The DDA clarified it has a joint RFP request with MDH partners to acquire a high quality FMS. Suggestions to revise FMS roles were not accepted as the DDA explained this service is designed to assist with employer and budget authority.

Recommendation to change sentence about supports and protections were not accepted as the DDA explained it is a part of the amendment application template. A comment suggesting offering employer authority for employment discovery and customization, employment services, supported living, and to add shared living as a service with budget authority was not accepted as professional service standards and requirements have been established. The DDA accepted a suggestion to add the new self-direction manual's release date. The DDA did not accept a comment related to the Self-Direction Service Agreement as it is part of the template. The DDA accepted comments that self-direction budgets align with traditional budgets. Advocates suggested allowing participants to modify services within their plan without DDA approval; the DDA did not accept as to support payment of qualified providers a modification is needed in the PCP. This is not an available option in the amendment application. All modification to the budget must be preceded by a change in the service plan. Concerns about the support broker service being optional and comments regarding the support broker role and responsibilities were not accepted. The DDA explained support broker service is designed to provide specific information, coaching, mentoring, and assistance, as necessary and appropriate, if chosen by the participant. Comment suggesting that self-direction be an option for those in residential with less than 4 others was not accepted; as a self-direction option is available for those who live with others under a lease. Concerns that excessive requirements on licensed/certified professionals and benefit limitations for support staff will limit access to qualified providers. The DDA explained that requirements ensure health and safety. Comment concerned that staff benefits are limited was clarified by the DDA; benefits are allowed under certain services based on the participant's choice.

Two comments were received for Appx. F. A comment that new language lists five appeal topics that do not match up with the three topics mentioned in the introductory paragraph of Appendix F-1. The second comment sought clarification if appeal options were expanded, decreased or remained the same. The DDA clarified that language indicates how an individual and family are informed of their opportunity to request a Medicaid Fair Hearing and that appeal types remained the same.

The DDA accepted a comment for Appx. G to keep the word "approved" from standing committee role.

Sixteen comments were received for other matters. The DDA explained that services are designed to provide choice and flexibility in response to a comment that amendments are not flexible enough to address participants' needs. The DDA explained its goal is to support participants to live in the least restrictive environment with family ties, if that is their choice in response to a comment for programs to help participants stay with their families. Parents suggested participants and parents/guardians are able to review the Supports Intensity Scale assessment (SIS) before submission. The DDA explained parents/guardians should work closely with the participant and assessor so all are informed of what is being submitted. The DDA stated it expects all providers to properly train their staff as outlined in COMAR in response to a comment that staff do not last long due to lack of training. A suggestion to use "participant" instead of "individual" throughout the waiver was not accepted as the DDA uses 'individual" to describe someone in the application processes and "participant" describes those in services. A comment suggesting covering activity costs for day habilitation, community development services, personal supports, and community living was not accepted, as Medic2aid waiver funds do not cover activity costs. A provider suggested adding an acuity factor to rates. The DDA explained that an acuity factor is not used as rates are developed based on definition, staff qualifications, and level of need. A recommendation to consider a rate in brick for job development indirect and direct services; the DDA explained this will be explored in the future. Comments were made that overlapping services will lead to billing errors and flexibility and rounding rules are needed. The DDA explained billing guidance will be provided based on a provider technical group's suggestions. A comment was made that including transportation in rate compromises ability to retain qualified staff and access services. The DDA did not accept comments related to travel reimbursement for community development services and personal supports under self-direction, as travel is a part of Meaningful Day and residential rates. Transportation is also a standalone service for independent travel. A comment regarding needed support for recruiting/hiring staff and exploring personal and community interests was addressed. The DDA explained funds for recruitment are available through Individual and Family Directed Goods and Services and that Charting the LifeCourse™ tools and services are designed to assist with interests. The DDA stated the reimbursement rate includes staff wages and employee related expenses such as benefits in response to a comment regarding low wages and lack of benefits for direct support staff.

~~The DDA hired independent consultants, which conducted listening sessions in 2014 on DDA's behalf. In these listening sessions families expressed interest in gaining access to nimble, responsive, and flexible supports for children and adults with developmental disabilities.~~

~~The DDA developed this waiver application based on input from: (1) individuals, families, advocates, and community-based services agencies; (2) the Family Supports Waiver application; (3) the Developmental Disabilities Coalition ("DD Coalition"), which is composed of leaders from the Maryland's Developmental Disabilities Council, Maryland's Protection and Advocacy Agency, People on the Go of Maryland (a self-advocate led organization), Maryland Association of Community Services (the largest community-based service agencies association in Maryland),~~

~~and the Arc of Maryland; (4) independent consultants; (5) Self-Directed Advocacy Network; (6) national research; and (7) submitted public comments.~~

~~The DDA established a dedicated Community Supports Waiver webpage and posted information about the program's goals, draft waiver application, public presentation at the ARC of Maryland Annual Conference, and the public webinar presentation. The website is located at: https://dda.health.maryland.gov/Pages/Community_Supports_Waiver.aspx~~

~~The DDA announced and conducted a webinar on August 9, 2017, where information about the process and draft service descriptions was shared. During this webinar, the DDA answered questions and considered suggestions on ways to enhance services.~~

~~The Maryland Urban Indian Organization (UIO) for Tribal Consultation was notified on July 24, 2017 of the upcoming posting of the waiver application.~~

~~The DDA sent out information to all stakeholders and partners regarding waiver application posting and request for public comment on August 11, 2017.~~

~~Request for public input was also posted in the Maryland Register (Issue Date: 8/4/2017), which is available electronically or in hard copies as well as in different languages and formats to ensure accessibility statewide at the local health departments, DDA Headquarter Office and DDA Regional Offices.~~

~~The Public Comment Period was held from August 14 -2017 – September 12, 2017. In total, 17 individuals responded.~~

~~An individual commented to add the following criteria to the Service Requirements: "provide an exclusive benefit to the participant", "are cost-effective", and "reasonable, customary, and necessary" to the scope of Assistive Technology and Services, Behavioral Support Services, Community Development Services, Family and Peer Mentoring Supports, Family Caregiver Training and Empowerment Services, Participant Education Training and Advocacy Supports, Transportation, and Supported Employment.~~
~~Response: Current service descriptions state the purpose of designated services. DDA will provide further guidance through policies and regulations.~~

~~One comment for the waiver to allow environmental assessments, environmental modifications, assistive technology and vehicle modifications prior to entering services. For example, a youth transitioning from foster care should also be able to move into an accessible home or have access to necessary assistive technology.~~
~~Response: Youth transitioning from foster care have access to Early Periodic Screen, Diagnosis, and Treatment services to meet their needs prior to enrollment. The waiver can support any new needs identified during the enrollment process.~~

~~Two comments to add legally responsible person, relative, and legal guardian as providers of services for Assistive Technology and Services, Behavioral Support Services, Community Development Services, Employment Discovery and Customization, Environmental Assessment, Environmental Modification, Personal Supports, Support Broker Services, Supported Employment, Transportation, and Respite Care Services.~~
~~Response: Services will be provided by qualified individuals that meet standards for the service request. Assistive Technology and Services, Behavioral Support Services, Environmental Assessment, Environmental Modification, and Respite Care Services are time limited and~~

~~provided by a professional or agency that will not be considered as a staff person for someone in self-direction. A family member can provide Respite Care Services, Supported Employment, Transportation and Support Broker Services.~~

~~An agency and three individuals commented on Assistive Technology and Services. Comments included: (1) adding to Cognitive support devices "and materials like task analysis applications, visual communication software, and reminder systems."; (2) adding "Assistive Technology Tools which may be needed by participants are classified on a continuum: the three basic categories of tools are low-tech, mid- tech, and high-tech. An individual may require items from one or more categories in order to achieve the desired outcome."; and (3) changing language to read "The person-centered plan should include an available option from the list, and if it is not the least expensive of the options listed, the person should provide a justification for why a more expensive option is appropriate.~~
~~Response: "Items" was added to provide clarity to this service description. Language was not changed regarding the basic categories of tools or using the least expensive option.~~

~~One advocacy group commented to clarify whether individuals can use these funds to pay for hotel rooms at trainings, workshops and conferences.~~
~~Response: Language was added to clarify that the service includes lodging and meals at trainings, workshops and conferences.~~

~~Two comments to change taxonomy to Day Services and Community Integration.~~
~~Response: Current taxonomies will be used.~~

~~A continuation of the summary of public comments and responses can be found in the Main Module in Section B entitled, Additional Information Needed (optional section).~~

J. Notice to Tribal Governments. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date as provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:	Hutchinson
First Name:	Marlana
Title:	Deputy Director, Nursing and Waiver Services
Agency:	Maryland Department of Health – Office of Health Services
Address :	201 West Preston Street, 1st Floor
Address 2:	

City:	Baltimore				
State:	Maryland				
Zip:	21201				
Phone:	(410) 767-4003	**Ext:**		☐	**TTY**
Fax:	(410) 333-6547				
E-mail:	marlana.hutchinson@maryland.gov				

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:	Workman				
First Name:	Rhonda				
Title:	Director of Federal Programs				
Agency:	Maryland Department of Health – Developmental Disabilities Administration				
Address:	201 West Preston Street, 4th Floor				
Address 2:					
City:	Baltimore				
State:	Maryland				
Zip :	21201				
Phone:	(410) 767-8692	**Ext:**		☐	**TTY**
Fax:	(410) 333-5850				
E-mail:	Rhonda.Workman@maryland.gov				

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature:

_____

State Medicaid Director or Designee

Submission Date:	

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name:	
First Name:	

Title:	
Agency:	
Address:	
Address 2:	
City:	
State:	
Zip:	
Phone:	
Fax:	
E-mail:	

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ Replacing an approved waiver with this waiver.
- ☐ Combining waivers.
- ☐ Splitting one waiver into two waivers.
- ☐ Eliminating a service.
- ☐ Adding or decreasing an individual cost limit pertaining to eligibility.
- ☑ Adding or decreasing limits to a service or a set of services, as specified in Appendix C.
- ☑ Reducing the unduplicated count of participants (Factor C).
- ☑ Adding new, or decreasing, a limitation on the number of participants served at any point in time.
- ☐ Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.
- ☑ Making any changes that could result in reduced services to participants.

Attachment #1: Transition Plan

Specify the transition plan for the waiver:

The Community Supports amendment include various program related adjustment including the alignment of services scope, requirements, limitations, qualifications, and effective date for the three home and community-based service waivers programs that support individuals with developmental disabilities which includes the Family Supports Waiver, Community Supports Waiver, and the Community Pathways Waiver. It supports service transitions with additional time for person-centered service exploration, planning, and service implementation. Coordinators of Community Services (CCS) will continue to share information with participants and families about new service opportunities and changes to existing services during their annual person-centered planning process and when new needs arise. It also adjusts some of the new or revised service implementation to provide additional time for rate setting and development of critical operational and billing functionality. Payment systems will

transition to Maryland's Long Term Services and Supports (LTSSMarylandMDLTSS) system on July 1, 2020.

SERVICE ENHANCEMENTS AND TRANSITIONS - MEANINGFUL DAY SERVICES

Meaningful Day services include: Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation. A participant's Person-Centered Plan may include a mix of Meaningful Day services as provided on different days. Beginning July 2020, these services will be provided on an hourly basis providing new opportunities and flexibility for participants to receive various Meaningful Day services to meet their individualized goals on the same day.

Service changes will result in increased flexibility and opportunities for participants to receive more support hours of Meaningful Day services with the transition of service from a daily rate to an hourly rate. The rates will remain the same until new rates are finalized through the rate study.

Participants, family members, and Coordinators of Community Services (CCS) have been given guidance since July of 2018 to use their annual person-centered planning process to identify the appropriate service alignment related to their employment goals. This efforts has been through webinars, DDA's Employment First Newsletter, and regional provider meetings.

Beginning July 1, 2019, the Person-Centered Plan (PCP) will include a new detail service authorization section which includes the new employment services that will become available July 1, 2020. Participants receiving supported employment will be able to request job development, on-going, and/or follow along supports under the new employment services. Participants interested in employment discovery and customization will be able to request the discovery service under the new employment services. Participant's interested in self-employment or co-worker supports will also be able to request these services under the new employment service. Therefore, all supported employment and employment discovery and customization services will end on June 30, 2020 and the new corresponding services (i.e. job development, on-going, and discovery) will begin on July 1, 2020 based on the PCP processes.

Supported Employment

1. Supported Employment services will end on June 30, 2020 and transition to the new Employment Services.
2. The new Employment Services include discovery, job development, on-going job supports, follow along supports, self-employment development supports, and co-worker employment supports. Employment Services are based on Communities of Practice including new employment certifications requirements for staff qualification and new rates and payment reimbursement methodology based on the service scope and rate study including hourly, monthly, and milestone payments. This service will begin July 1, 2020. New service units (i.e. daily to hourly) and rates will be implemented on July 1, 2020.

Career Exploration will transition from a daily rate to an hourly rate on July 1, 2020. New service units (i.e. daily to hourly) and rates will be implemented on July 1, 2020.

Employment Discovery and Customization will end on June 30, 2020 and transition to the new Employment Services that includes discovery, job development, on-going job supports, follow along supports, self-employment development supports, and co-worker employment supports.

Community Learning Services new service units (i.e. daily to hourly) and rates will be implemented on July 1, 2020.

Day Habilitation new service units (i.e. daily to hourly) and rates will be implemented on July 1, 2020.

SERVICE ENHANCEMENTS AND TRANSITIONS – SUPPORT SERVICES

Behavioral Support Services changes include:
Provider qualifications and staff requirements were enhanced. Current providers will have up to twelve months to meet the new requirements. Qualified clinicians who complete the behavioral assessment and consultation must have:

1. A minimum of one year of clinical experience under the supervision of a licensed Health Occupations professional with training and experience in functional analysis and tiered behavior support plans with the I/DD population;
2. A minimum of one-year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and
3. Competencies in areas related to:

(a) Analysis of verbal behavior to improve socially significant behavior;
(b) Behavior reduction/elimination strategies that promote least restrictive approved alternatives, including positive reinforcement/schedules of reinforcement;
(c) Data collection, tracking and reporting;
(d) Demonstrated expertise with populations being served;
(e) Ethical considerations related to behavioral services;
(f) Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change;
(g) Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions;
(h) Identifying desired outcomes;
(i) Selecting intervention strategies to achieve desired outcomes;
(j) Staff/caregiver training;
(k) Support plan monitors and revisions; and
(l) Self-management.

Family Caregiver Training and Empowerment Services was updated with service limits to align with the DDA home and community-based services waivers. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date.

Nursing services includes the opportunity for a relative, legal guardian, or legally responsible person to provide the service if authorized by the DDA.

Participant Education, Training and Advocacy Supports was updated with service limits to align with the DDA home and community-based services waivers. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date.

Personal Supports changes include:

1. Personal Support Services rate will remain the same until new rates are finalized through the rate study. New rates will be implemented on July 1, 2020.
2. Transportation cost associated with the provision of services will be covered within the new rate effective July 2020.

Respite Care Services changes include:
1. A daily rate will be used for licensed sites and hourly rate for in/out of home services.
2. The service limit has been increased to include a daily/hourly limit up to ~~360~~720 hours/year plus up to $7,248 toward camps.
3. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date. This will support additional time for person-centered service exploration, planning, and service implementation. Participants seeking habilitation supports as an alternative to the basic break from the daily routine can seek additional Meaningful Day and Personal Support services.
4. Adjustment to staff qualifications include removing the GED or High School Diplomas requirement and adjusting the age requirements to 16 years.

Support Broker Services
1. Optional service for participant's choosing to self-direct services.
2. Service definition and requirements were updated to align with the DDA home and community-based services waivers and to clarify the coaching and mentoring scope.
3. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date. This will support additional time for person-centered service exploration, planning, and service implementation. Participants will be assisted in exploring other options including community opportunities and Participant Education, Training and Advocacy Supports.

Transportation was updated with service limits to align with the DDA home and community-based services waivers. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date.

SELF DIRECTION

Employment Services and Day Habilitation have been added as self-directed services.

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of

the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

Not applicable

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

~~Public Comment Summary and Response Continuation~~

~~One comment to remove learning "socially acceptable behavior" from the service definitions for Community Development Supports, Day Habilitation, and Transitional Employment Services. Response: Some participants need support in this area.~~

~~Seven comments were shared related to Behavioral Support Services. One comment to adding that this service addresses behavior issues at "home". Two comments to add "materials and programs needed to assist in the development of adaptive materials" to C.2 and "(including two-seater bikes in order to keep staff in close proximity)" to B.9. One comment to eliminating the requirement that clinicians have training in behavioral tiered supports plans. One comment related to Behavioral Consultation Services to add specific language to the scope of service to make clear that the goal is to "optimize community inclusion in the least restrictive environment." One comment to add to qualifications "or a person qualified to complete the behavioral assessment and consultation, or an individual who has current BPS training, experience implementing behavior supports with people with developmental disabilities, and is trained or supervised by an individual qualified to complete behavioral assessment and consultation." Response: Language was updated to include "home" and "Programs, materials and assistance in the development of adaptive materials." No changes were made regarding bikes. Additional guidance related to examples of various items will be incorporated into regulation, policies and manuals. Behavioral tiered supports training was not eliminated; it is essential that all clinicians have this training to ensure all strategies are considered. Language was changed regarding Behavioral Consultation Services. The requirement for the person to successfully complete a 40 hour Registered Behavioral Technician (RBT) training is higher standard that the BPS training which is important when providing on-site execution and modeling of identified support strategies.~~

~~Four individuals, an advocacy group, and a provider commented on Supported Employment. Three comments to change or delete the requirement to engage in activities a minimum of four hours. One comment to allow family members to provide more than 40 hours of support a week, if customary and typical for the specific job. Two individuals made several comments to add to or edit service requirements, including: (1) adding "and maintain" competitive integrated employment "or self-~~

~~employment" to C.1; (2) editing Service Requirement B for activities to occur a minimum of one hour per day for a minimum of two days a week; (3) adding "at different times on the same day" to Service Requirement C; (4) adding to~~
~~Service Requirement G. "Under self-directed services, Transportation will be provided as a stand alone service; and (5) edit Service Requirement K to note the program does not pay for individuals legally responsible for a minor child.~~
~~Response: Based on the current traditional service delivery model structure, a daily payment is made for a minimum of four hours of support in supported employment activities. Language was added to clarify this requirement is specific to the traditional service delivery model. Language was not changed regarding the 40 hour limit of support for family members, as this is the current standard. Language was changed regarding maintaining employment. Language was added to reflect that requirements regarding times of day are specific to traditional services. Language was not changed; this is reflected in the provider types and C-2.~~

~~Three individuals and one advocacy group commented on Individual and Family Directed Goods and Services. Comments included (1) adding exercise classes, physician ordered weight loss programs and fitness items that can be purchased to the service scope and (2) deleting personal training from items not covered. One comment to allow coverage of service dogs with restrictions to ensure certification. One comment to clarify what is meant by "the service is available from any source." Two individuals provided multiple comments to add to goods and services that can be purchased to include: (1) Other health and therapeutic services; (2) fees associated with staff participation in an activity or event; (3) fees associated~~
~~with telecommunications; (4) vacation expenses of staff such as additional room fee and staff meals; (5) cost of tickets and recreational cost for participants without sufficient funds and their staff; (6) personal trainer; and (7) adult educational classes. Two comments to eliminate the funding cap.~~
~~Response: This service covers fitness membership and weight loss program services. No language was changed. Service dogs are a covered service under the Medicaid State Plan Community First Choice program. DDA will further clarify in regulations and policy. As per CMS Technical Guide, items must not be available from other resources. Medically necessary health and therapeutic services would be covered under Medicaid State Plan services including Early Periodic Screening Diagnosis and Screening services for children. Personal supports can assist individuals who need more assistance with recreational and fitness activities. Participant Education Training, and Advocacy Supports can support adult training. The funding cap was increased to $5,000 of the self-directed budget.~~

~~Three individuals shared comments on Support Broker Services, including (1) adding "Alerting participants and the CCS when budgets are being under or over utilized and participating in the development of budget and plan modifications to reflect current circumstances."; (2) changing the wording of F to read: Support Brokerage Services differ from the CCS in intensity, frequency, level of detail and personal advocacy. Rates for the Support Broker services are negotiable; (3) moving Service Definition C.2 and C.7-9 adjacent to each other; and (4) adding this service as an administrative fee.~~
~~Two individuals provided multiple comments to edit the service description and service requirements including: (1) adding "services are~~
~~related to training and assisting the participant in directing or managing services including topics related to rights and responsibilities, recruitment and hiring staff, managing staff and solving problems regarding services, and managing participant directed budgets"; (2) adding "risk assessment, planning, and remediation activities"; (3) adding "and maintenance of effective back-up plans"; (4) adding "including training all of the participant's family and staff on PORII and ensuring incidents are reported"; (5) adding "including alerting participants and others when budgets are being under or over utilized and participating in the development of budget and plan modifications to reflect current circumstances"; (6) adding the "use of family member when no other family member is employed as paid, direct care staff"; (7) adding "services differ in intensity, frequency, level of detail, and personal advocacy"; and (8) adding "rates are negotiable."~~

~~Response: No changes were made. Similar language is reflected in Appendix E. Current language reflects that Support Broker Services may not duplicate, replace, or supplant Coordination of Community Service. The DDA will be moving this service to administrative fee in the future. No change was made in the current application. The DDA will be considering recommendations from the Self-Directed work group related to roles and responsibilities in consideration of the scope of the Coordinator of Community Services. Language has been changed to reflect that a participant can use a family member when no other family member is employed as paid, direct-care staff. Under self-direction, all rates for negotiated by the participants in compliance with the Department of Labor rules.~~

~~Three individuals, advocacy group and provider commented on Personal Supports. Four comments to change availability to reflect anytime an individual is not working or participating in a day activity. One comment to support the use of funding for trainings and health workshops, such as nutrition and sexual health. One comment to avoid the term "in the rate" until the current DDA rate study is complete and new rates are issued for implementation. One comment to "change the definition of personal care services to include activities of daily living (ADLs), not instrumental activities of daily living (IADLs), to ensure access to services for individuals in the waiver." One comment to define "meaningful day". Two comments to support participants self-directing to have their supports covered under personal supports. Two comments to add to Service Requirement D "for individuals who receive services from a provider agency" related to transportation and add "Transportation service are a stand alone option under Self-Direction." Two comments to have requirement for staff to have automobile insurance when transporting participants in all services where a participant self-directing hire staff.~~
~~Response: The service availability is reflected with language related to before and after meaningful day services. Further guidance will be provided in regulations and manuals. Trainings and workshops are covered under the new Participant Education, Training, and Advocacy Supports Services. Current rates for this service will be used and updated based on the outcome of the rate study. Personal support services includes a variety of individualized supports, delivered in a personalized manner to support independence in an individual's own home and community. Participant can be assisted with both ADLs and IADLs. Meaningful day will be defined in regulations and other guidance. The waiver offers a variety of services to support participant goals. Qualifications and skills can vary and are noted in each service. No change was made. Transportation is included in this service and can be reflected in the self-directed budget. DDA will further explore the insurance recommendation with the Self-Directed Steering Committee.~~

~~Two individuals made several comments about Environmental Modifications. Comments included (1) changing the taxonomy sub-category to 14020 home and/or vehicle modification; (2) editing Service Requirement B to reflect Environmental Modifications recommended by that team that cost up to $2,000 does not require a formal assessment; (3) considering tying the number of years a participant is required to stay in a home that receives a modification to the cost of the modification; and (4) editing Service Requirement H to add exception when needed to support participant's health and safety and justified in the plan.~~
~~Response: The taxonomy was changed. Language was changed to reflect that Environmental Modifications recommended by the team under $2,000 do not require a formal assessment. This service supports the participant's efforts to function with greater independence or create a safer, healthier environment. No changes were made. Language was changed to reflect that a generator can only be purchased to support the participant's medical and health devices that use electricity.~~

~~Two individuals commented on Family and Peer Mentoring Supports. Comments included: (1) supporting access to this service for paid caregivers; and (2) decreasing the years of experience for peers.~~
~~Response: Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, unpaid family member, or both, who provide support and guidance to the participant and his or her family members. Family and Peer mentors explain community services and programs and suggest strategies to the participant and family to achieve the participant's goals. It fosters connections and~~

~~partnerships which builds the resilience of the participant and their family. We are currently seeking agencies with five years of experience.~~

~~Two comments to allow paid caregivers access to Family Caregiver Training and Empowerment Services.~~
~~Response: Family Caregiver Training and Empowerment Services provide education and support to the unpaid family caregiver of a participant that preserves the family unit and increases confidence, stamina and empowerment to support the participant. Education and training activities are based on the unpaid family/caregiver's needs.~~

~~Three comments related to Transitional Employment Services, including; (1) allowing more than 40 hours per week of Small and Large group employment if customary and typical for the specific job and (2) edit language to reflect it can be provided at different times on the same day for Service Requirement C.~~
~~Response: This service is designed to help individuals learn skills to work in competitive integrated employment, and is not meant to serve simply as employment. Language was updated to clarify this requirement is for services provided under the traditional service delivery model based on the current payment unit of a day.~~

~~Two individuals made several comments regarding Respite Care Services. Comments include: (1) adding "or other primary, nonagency caregivers" to Service Description A; (2) adding "including trips out of state" to Service Description B.5. and "travel camps" to other provider qualification standards; (3) editing support payment of family members who are also providing another direct care service such as CDS or PS related to Service Requirement A; (4) adding "when provided by a DDA provider agency. Services under SDS will always te paid on an hourly rate when provided by an employee of an SDS participant for Service Requirement H; and (5) deleting "If respite is provided in a private home, the home must be licensed, unless it is the participant's home or the home of a relative, neighbor, or friend" for Service Requirement J. to support participants self-directing and their team to decide what is a safe for the participant.~~
~~Response: "or primary caregiver" was added to Service Description A. Respite relieves families or the primary caregiver from their daily caregiving responsibilities. Further guidance will be provided related to other settings and camps as approved by the DDA. Family members can provide support under CDS or PS. Hourly payment of service is available for up to 8 hours and a daily rate will be used for more than 8 hours. Current language supports participants using a home of a relative, neighbor, or friend for respite.~~

~~Three individuals commented on Transportation. One individual's comments included: (1) adding "learning how to make, change, or cancel travel arrangements" to B. 1 and (2) including transportation services like Uber and Lyft under Service Definition 4. Two comments to add DORS approved vendor/contract to provider standards. Two individuals provided multiple comments to edit Service Requirements including: (1) No payment to legally responsible individuals of minors; (2) Mileage reimbursement not to exceed the federally allocated rate; (3) Method should meet the needs of the participant; (4) Exception to not being covered if part of another waiver service for people self-directing; (5) Remove requirement to seek~~
~~other sources including Medicaid State Plan; and (6) Add option for participant to independently contract another source or to use a staff to transport due to inadequacy of Medicaid State Plan services.~~
~~Response: Travel training under B.3. would include these items. Further guidance will be provided regarding the use of services such as Uber. Provider standards were updated to include DORS approved vendors. No other changes were made to service requirement edits.~~

~~An advocacy group made several comments regarding Employment Discovery and Customization, including: (1) clarify what it means by "Identification of the ideal conditions for employment for the~~

~~individual"; (2) delete the term "private" from Service Requirement A.; (3) change limit of service from 6 months to provide services in accordance with the individual's person centered plan; and (4) include volunteering as part of the discovery process. Two individuals provided multiple comments to edit limitations to reflect: (1) The length of service are to be person-centered an the time, frequency, occurrence and location of these services are to be included in the plan. While activities may be completed within six month, individuals whose team determines to need more time will write said expectation timeframe into the plan. Any extensions of that time-frame must be authorized by the DDA; (2) Service can be provided at any time day or night based on the abilities and preferences of the participant and the typical requirements of the job to which he/she is best suited; (3) Services may not exceed eight hours unless longer schedules are part of a typical work schedule for the job/position to which the participant is best suited and desires and the team determines that the participant is able to maintain such a work schedule. Two comments to add "which may include self-employment" to B.5. Two comments to "or through self-employment" to Service Requirement A. Two comments to edit language to reflect service can be provided at different times in the same day to Service Requirement B. Two comments to add to B "Training in appropriate work-related social skills and work behaviors. Two comments to related to transportation to add to Service Requirement C. "when provided through supports of a DDA provider agency."~~

~~Response: Policies and guidance will be issued to provide clarity regarding ideal employment conditions. Private was deleted from the service requirement. Employment Discovery and Customization activities must be completed within a six (6) month period unless otherwise authorized by the DDA. No changes were made. Volunteering was added as part of the discovery process. Under the current service structure, services are provided Monday through Friday. This service will transition in the future under the new proposed Employment Services and will provide more flexibility. Employment Discovery and Customization services are time limited services to identify and develop customized employment options. Supports for participants in a competitive integrated job based on the person's work schedule are provided under Supported Employment. Language was updated in B. 5 and A. The service occurring at different times in a day is under the traditional service model. Language was updated. The scope of this service is not to provide training. Transportation is included in this service and can be reflected in the self-directed budget.~~

~~Four individuals, an advocacy group and a provider commented on Community Development Services. Three comments related to removing or amending the group limit of four participants. One comment to add language that permits activities "with people with and without, disabilities. Two comments to allow volunteering with any organization. Four comments related to support with activities in the participant's residence related to community participation. Two comments to remove "time-limited periods of" from Service Requirement B. Two comments to add "throughout the day" to Service Requirement D. Two comments to change "Department of Human Resources" to "Department of Human Services" in Service Requirement I. Two comments to consider one category of service for self-direction that all day and residential services could fall under to support individuals moving between their home and community and various types of activities all day and into the evening and over weekends. Two individuals provided comments to add a new Service Requirements related to: (1) meaningful activities related to building positive social behavior and interpersonal skills, learning new skills, greater independence, and personal choice; (2) Learning general work-related skills; and (3) training and support designed to maintain abilities and to prevent or slow loss of skills.~~

~~Response: No change was made regarding four individual group limit. A smaller number of people with disabilities in a group proportionate to the group size and capacity for support is critical to a positive community experience. This service will provide opportunities to develop skills and increase independence related to community integration with people without disabilities. Day Habilitation or Personal Supports allows for community activities with people with disabilities. Volunteer language was updated. Further guidance will be provided related to volunteering at for-profit organization only when~~

~~in compliance with the Department of Labor requirements. This service is community-based and provided in integrated settings. Participants may return home or to the provider operated site during time limited periods of the day to support personal care, health, emotional, and behavioral needs as indicated in the Person-Centered Plan. Policies will clarify Service Requirement D relates to the traditional service model. Language updated to support participation in self- advocacy groups is provided under the new service Participant Education, Training, and Advocacy Supports. Language updated to Department of Human Services. The waiver offers a variety of services to support participant goals. Qualifications and skills can vary and are noted within each services. Federal guidance notes that "multiple services that are generally considered to be separate services may not be consolidated under a single definition." Current service requirements included services offered in comments. Performing household chores, however would be supported under Personal Supports. No changes were made.~~

~~One person provided these comments related to Appendix A relate to the waiver description: (1) support services to the family should include parents and siblings of the participant.; (2) "all facets of community life" should include employment in its various forms, volunteering, all social and recreational activities in both formal and informal settings, learning in both formal and informal settings, religious/spiritual in both formal and informal settings, health maintenance both at health facilities and other settings, educational activities in both formal and informal settings, and advocacy whether in the local community or at other locations that require transportation beyond the local (e.g., more than 50 miles from the participant's home); (3) Among "innovative service options" one should include (a) self-employment; (b) one-on-one and group training for employment, social, spiritual, etc.; and (c) special goods and services; (4) "flexibility..to move dollar amounts" should allow such "movements" without requiring CCS and DDA approvals (i.e, be available to participant with provider/support broker approval when between already approved budgeted amounts); and (5) "short-term exceptions...[for] family support needs" should include respite, training, and goods & services. One comment to include a contractor performing eligibility and Level of Care evaluations. Two comments to avoid using the term "provider" when talking about anything in self-directed services to distinguish between two services models. Two comments to check contracted entity for review of participant service plans.~~
~~Response: The Waiver description briefly describes the purpose of the waiver. Additional details related to service descriptions, service scope, processes, and procedures are noted in various Appendixes. Comments will be considered when developing regulations, policies, or manuals. The type of work contracted entities perform has been included in the description. Contractors are not listed; they may change over the course of the waiver approval. Language was edits to reflect services are delivered under either the Self-Directed or Traditional Service Delivery Models provided by qualified providers throughout the State. Language changed to reflect that service plan review relates to the traditional service model.~~

~~Several individuals commented on Appendix B. Two comments that the Freedom of Choice Form should show evidence that provider-managed and self-directed service models were discussed and how to get additional information on self-direction. Comments included: (1) clarify that a specific entity is a contracted agency performing evaluations, and reevaluations; (2) remove "particularly if the applicant is determined to not meet the LOC" in Appendix B-6; (3) check Autism and Intellectual Disability under target groups; (4) change "Traditional Services" to "Provider Managed" and change "qualified provider" to " vendor or directly hired employees."; and (5) ensure individuals with limited English proficiency have access to interpreters throughout their services. Comments related to reserved capacity include: (1) majority of the "reserved capacity" for the waiver slots are for "transitioning youth".;(2) removing the reserved capacity waiver slots for groups who have funding through DDA's FY 18 budget; and (3) to increase capacity to include individuals on the DDA waiting list.~~
~~Response: The Freedom of Choice includes an attestation from the participant that they have choice of service delivery models. The Self-Directed Steering Committee will make recommendations related to~~

manuals to better promote self-direction. Coordinators of Community Services are responsible for performing evaluations/reevaluations. Individuals with autism and intellectual disabilities that meet the developmental disability eligibility criteria could be eligible for services. These boxes are not checked as a diagnosis of Autism in itself does not meet the regulatory established developmental disability criteria. All participants utilize various providers to provide waiver services regardless of service delivery model. Language was edited to reflect services are delivered under either the Self-Directed or Traditional Service Delivery Models provided by qualified providers throughout the State. The State provides access to individuals with Limited English Proficiency (LEP) who are applying for or receiving Medicaid services. Methods include providing interpreters at no cost to individuals, and making available language translations of various forms and documents. Additionally, interpreter resources are available for individuals who contact DDA for information, requests for assistance, or complaints. All agency staff receive training in cultural competence as it relates to health care information and interpreting services. The DDA will
continue to offer reserved capacity for the various categories noted in the application. The total number of funded slots have been adjusted to reflect 400 individuals currently on the Waiting List in addition to the reserved capacity based on DDA's priorities and other public input received.

Two individuals shared comments about Appendix D. Comments included: (1) adding service options to CCS training; (2) editing the CCS role to include plan development with the team and coordinating other services to support the participant's social life, spirituality, citizenship, and advocacy; (3) defining and providing a link to the LIfe Course framework; (4) including language related to informed choice of providers for participants that self-direct; and (5) adding participant or their representative and support broker under the self-directed model must maintain service plan forms for a minimum of 3 years. One comment to include a vehicle for consideration of provider input as part of the Service Plan Development Process for an individual once a provider has been identified.
Response: Current language in the section refers to service options as part of CCS training. Language was edited to reflect comments on CCS role. Guidance will be provided in regulations and policy regarding Community of Practice of Supporting Families. Language was updated to reflect that the CCS informs self-directing participants of their options under the employer authority to identify and select their staff and service providers. Maintenance of service plan forms is a CCS and operating agency requirement. Participants, representatives, and Support Brokers can also maintain plans absent this requirement in the waiver. The CCS is responsible for the development of the Person-Centered Plan (PCP) with the participant, his or her authorized representative, and the individual's team which includes providers.

Three individuals and an advocacy group commented on Appendix E. Comments included: (1) removing the terms "legally" and "legal" in reference to authorized representatives and representatives in E-1a, E-1h. E-1l, E-1m, and E-2b.v; (2) waiver services being directed by a non-legal representative chosen by an adult participant; (3) removing requirement for plan modification if funds are shifted between approved services; (4) allowing participants to authorize service modifications in the participant directed budget without prior approval; (5) adding Support Broker to supports provided to monitor funds; and (6) adding Support Broker to the final paragraph on page 13. One individual shared comments related to guidance around termination and alternatives to self-directed services, and training and technical assistance for support brokers. Other
comments included: (1) defining "good life"; and (2) FMS providing and administering unemployment insurance and worker's compensation insurance policies.
Response: The term "legal" was removed and replaced with "authorized" representative. The budget is part of the Person-Centered Plan. Any changes to the budget must be reflected in a change to the plan to indicate the participant's decision. Plan modifications are also necessary to support payment of qualified provider. Requirements remain. Language was added regarding Support Brokers monitoring funds. Language was added to page 13. Guidance regarding self-direction termination will be provided through regulations. Training and technical assistance will be offered to all stakeholders involved in self-

~~direction. Good life under the Community of Practice will be further clarified in regulations, policy, or other guidance.~~

~~Two individuals provided comments on Appendix F. Two comments to add Support Brokers to individuals copied on Medicaid Fair Hearing letter. Two comments to add to the list of assistance by CCS for appeals to include attend the CRC or Hearing if requested by the participant.~~
~~Response: Medicaid Fair Hearing letter will be changed to reflect the participant and their authorized representative is copied. No changes were made regarding CRC and/or Hearing attendance.~~

~~Comments for Appendix G include reviewing and updating incident reporting process and training related to self-directions.~~
~~Response: Reporting process and training will be reviewed and updated.~~

~~Comments for Appendix H include adding participants and their families to individuals input is sought.~~
~~Response: Participants and their families will be sought, when considering system improvements.~~

~~A provider and two individuals commented on administrative and billing requirements. Comments included: (1) requiring one license per service so providers can provide that service under any waiver; (2) reasonable and manageable administrative and billing requirements with administrative funding for every service; and (3) forming a workgroup should to specifically discuss the potential requirement for an hourly billing system.~~
~~Response: The new waivers must meet the federal Community Settings requirements. Given that several of the current licensed providers do not meet all of the requirement, the DDA can not license them to provide services under all of the waivers at this time. The DDA will continue to work with stakeholders related to administrative and billing requirements as required for the federal assurances. An independent consultant is conducting a rate study which will include the proposal of rates and units. DDA providers are represented on the consultant's technical group to provide input.~~

~~One comment related to financial accountability language to reflect actual provider cost.~~
~~Response: Financial accountability related to the State assuring accountability of funds expended for waiver services and maintains and makes available to the federal government appropriate financial records document the cost of services provided under the waiver. Performance measures related to this requirement are included in Appendix I.~~

~~One comment to have a process that will allow people receiving services in a capped waiver, whose needs indicate that they require the supports of the Comprehensive Waiver, to transition into the Comprehensive Waiver in a timely manner with retroactive funding provided if the person's support needs warrant an increased level of support .~~
~~Response: The DDA will have in place, a policy for participants whose needs change and exceed the capacity of the Community Supports Waiver. This policy will ensure that participants are transitioned into the Community Pathways Waiver in a timely manner. Retroactive funding will not be provider through DDA waiver programs.~~

~~One comment that in the event that there are any projected unspent waiver funds allocated to a specific waiver, DDA should work to ensure that those funds are made available to participants in order to access other waivers.~~
~~Response: Participants whose need changes to their plans and can no longer be supported in the waiver will be assisted with exploring various options to include transitioning to another waiver program.~~

~~Two comments to expand background investigation language noted in C-2 to include self-direction.~~
~~Response: Language was edited to reflect requirement for specific providers which includes individuals, community-based service agencies, vendors, and entities under either service delivery model.~~

~~Two comments to add remediation strategy for participants self-directing under C- Qualify Improvement b.I.~~
~~Response: Individuals self-directing their services may request assistance from the Advocacy Specialist or DDA Self-Direction lead staff.~~
~~Two individuals commented to add "when part of a service from a provider agency" to Service Requirements related to transportation for Personal Supports and Community Development Services and add "Transportation service under Self- Direction will be a stand-alone service and should be specified in the person-centered plan."~~
~~Response: Transportation is included in both services and can be reflected in the self-directed budget.~~

Appendix A: Waiver Administration and Operation

1. State Line of Authority for Waiver Operation. Specify the state line of authority for the operation of the waiver *(select one)*:

⊙	The waiver is operated by the State Medicaid agency. Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one)*:		
	○	The Medical Assistance Unit *(specify the unit name) (Do not complete Item A-2*)	
	⊙	Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit. Specify the division/ unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency. (*Complete item A-2-a)*	**Developmental Disabilities Administration (DDA)**
○	The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency. Specify the division/unit name:		
	In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. (*Complete item A-2-b)*.		

2. Oversight of Performance.

a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency. When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities.

The Maryland Department of Health (MDH) is the Single State Medicaid Agency (SMA) authorized to administer Maryland's Medical Assistance Program. MDH's ~~Office of Health Services (OHS~~OLTSS~~)~~ Office of Long Term Services and Supports (OLTSS) is the Medicaid unit within the SMA that oversees the Community Supports Waiver. In this capacity, ~~OHS~~OLTSS oversees the performance of the Developmental Disabilities Administration (DDA), Operating State Agency (OSA) for the waiver. The ~~OHS~~OLTSS serves as the point of contact with the Centers for Medicare and Medicaid Services (CMS) with programmatic expertise and support from DDA.

The DDA is responsible for the day-to-day operations of administering this waiver, including but not limited to enrolling participants into the waiver, reviewing and approving community-based agencies and licensure applications for potential providers, monitoring claims, and assuring

participants receive quality care and services based on the assurances requirements set forth in this waiver. The DDA is responsible for collecting, trending, prioritizing and determining the need for system improvements.

~~OHS~~OLTSS will meet regularly with DDA to discuss waiver performance and quality enhancement opportunities. Furthermore, the DDA will provide ~~OHS~~OLTSS with regular reports on program performance. In addition, ~~OHS~~OLTSS will review all waiver-related policies issued. ~~OHS~~OLTSS will continually monitor DDA's performance and oversight of all delegated functions through a data-driven approach. If any issues are identified, ~~OHS~~OLTSS will work collaboratively with DDA to remediate such issues and to develop successful and sustainable system improvements. ~~OHS~~OLTSS and the DDA will develop solutions guided by waiver assurances and the needs of waiver participants. ~~OHS~~OLTSS will provide guidance to DDA regarding recommended changes in policies, procedures, and systems.

A detailed Interagency Agreement (IA) outlines the roles and responsibilities related to waiver operation and those functions of the division within ~~OHS~~OLTSS with operational and oversight responsibilities.

b. Medicaid Agency Oversight of Operating Agency Performance. When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

Not applicable

3. Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one)*:

⊙	**Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).** Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.*
	As further described below, the DDA currently contracts with community organizations for assistance and services in the following areas: (1) Participant Waiver Applications; (2) Support Intensity Scale (SIS)®; (3) Quality Assurance; (4) System Training; (5) Research and Analysis; (6) Fiscal Management Services (Agency with Choice); (7) Health Risk Screening Tool; (8) MD-Long Term Services and Supports Information System; and (9) Behavioral and Mental Health Crisis Supports. 1. Participant Waiver Application The DDA contracts with independent community organizations and local health departments as Coordinators of Community Services to perform intake activities, including taking applications to participate in the waiver and referrals to county, local, State, and federal programs and resources. 2. Support Intensity Scale (SIS)®

The DDA contracts with an independent community organization to conduct the Support Intensity Scale SIS®. The SIS® is an assessment of a participant's needs to support independence. It focuses on the participant's current level of support needs instead of focusing on skills or abilities they may not currently demonstrate. The Coordinators of Community Service use each completed SIS® as a planning guide in the development of the participant's Person-Centered Plan.

3. Quality Assurance
The DDA contracts with independent community organizations to conduct and analyze results from the National Core Indicator (NCI) surveys. The DDA will be contracting for a Quality Improvement Organization-like organization to support administrative functions related to technical assistance, quality assurance, and utilization review.

4. System Training
The DDA contracts with independent community organizations to provide trainings for individuals, their family members, community providers, Coordinators of Community Services, Support Brokers, DDA staff, and others related to various topics to support service delivery (i.e. person-centered planning), health and welfare (i.e. choking prevention), and workforce development (i.e. alternative communication methods).

5. Research and Analysis
The DDA contracts with independent community organizations and higher education entities for research and analysis of waiver service data, trends, options to support waiver assurances, financial strategies, and rates.

6. Fiscal Management Services
The DDA contracts with independent community organization for fiscal management services to support participants that are enrolled in the DDA's Self-Directed Services Model, as described in Appendix E.

7. Health Risk Screen Tool
The DDA contracts with Health Risk Screening, Inc. for training and the use of an electronic Health Risk Screen Tool (HRST) to identify health and safety risk factors for participants and to assist with determining health related support needs and training.

8. ~~LTSS~~ Maryland - Long Term Services and Supports Information System
The MDH contracts with information technology organizations for design, revisions, and support of the database that supports waiver operations.

9. Behavioral and Mental Health Crisis Supports
The DDA contracts with independent community organizations for crisis hotline services, mobile crisis services, and behavioral respite services to support participants and families during behavioral and mental health crisis.

10. Organized Health Care Delivery System providers
Participants can select to use an Organized Health Care Delivery System (OHCDS) provider to purchase goods and services from community agencies and entities that are not Medicaid providers. The OHCDS provider's administrative fee for the action is not charged to the participant.

○	**No**. **Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

4. Role of Local/Regional Non-State Entities. Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity *(Select one)*:

◉	**Not applicable**
○	**Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:

☐ **Local/Regional non-state public agencies** conduct waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state agency that sets forth the responsibilities and performance requirements of the local/regional agency. The interagency agreement or memorandum of understanding is available through the Medicaid agency or the operating agency (if applicable). *Specify the nature of these agencies and complete items A-5 and A-6:*

☐ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). *Specify the nature of these entities and complete items A-5 and A-6*:

5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities. Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The DDA is responsible for monitoring all contracts pertaining to administration and operations supporting this waiver.

6. Assessment Methods and Frequency. Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

The DDA has a dedicated procurement function providing oversight of all legal agreements, including contracts and memoranda of understanding, into which the DDA enters.

Standard practice includes assignment of a contract monitor to provide technical oversight for each agreement, including specific administration and operational functions supporting the waiver as required in the agreement. Performance and deliverable requirements are set forth in each agreement, delineating service expectations and outcomes, roles, responsibilities, and monitoring.

DDA staff monitor each agreement and assess contract performance on an ongoing basis, depending on the specific contract requirements, but no less frequently than annually.

1. Participant Waiver Application – DDA reviews all applications daily for completeness as per DDA policy and provide technical assistance, training, or request corrective action as needed.

2. Support Intensity Scale (SIS)® - DDA's contract monitor reviews submitted invoices and documentation monthly related to completed Support Intensity Scale SIS®. Corrective actions are taken for discrepancies.

3. Quality Assurance – DDA's contract monitor reviews submitted data with the National Core Indicator (NCI) Reports upon receipt and initiates corrective actions as needed.

4. System Training – DDA staff review supporting documentation including attendance sheets upon receipt prior to approval of invoices.

5. Research and Analysis – DDA staff review activity reports and supporting documentation upon receipt prior to ~~service delivery~~approval of invoices.

6. Fiscal Management Services – DDA staff conducts audits of FMS records for compliance with operational tasks annually and provide technical assistance, training, or request corrective action as needed.

7. Health Risk Screen Tool – DDA's contract monitor reviews submitted invoices and documentation related to completed HRSTs upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies.

8. LTSS Maryland - Long Term Services and Supports Information System – DDA staff review and authorize service deliverables based on work orders upon receipt.

9. Behavioral and Mental Health Crisis Supports - DDA's contract monitor reviews submitted invoices and documentation related to delivered services as per the contract upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies.

10. Crisis hotline services, mobile crisis services, and behavioral respites services - DDA's contract monitor reviews submitted invoices and documentation related to delivered services as per the contract upon receipt prior to approval of invoices. Corrective actions are taken for discrepancies.

11. Organized Health Care Delivery System providers - DDA audits service providers annually for compliance with DDA policy and regulation and provide technical assistance, training, or request corrective action as needed.

Assessment results will be shared with ~~OHS~~OLTSS during monthly meetings.

7. Distribution of Waiver Operational and Administrative Functions. In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
Participant waiver enrollment	☑	☐	☐	☐
Waiver enrollment managed against approved limits	☑	☐	☐	☐
Waiver expenditures managed against approved levels	☑	☐	☑	☐
Level of care evaluation	☑	☐	☑	☐
Review of Participant service plans	☑	☑	☑	☐
Prior authorization of waiver services	☑	☐	☐	☐
Utilization management	☑	☐	☐	☐
Qualified provider enrollment	☑	☐	☐	☐
Execution of Medicaid provider agreements	☑	☐	☐	☐
Establishment of a statewide rate methodology	☑	☐	☑	☐
Rules, policies, procedures and information development governing the waiver program	☑	☐	☑	☐
Quality assurance and quality improvement activities	☑	☐	☑	☐

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities..

i Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Performance measures for administrative authority should not

duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:

- ***Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver***
- ***Equitable distribution of waiver openings in all geographic areas covered by the waiver***
- ***Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014).***

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:	*AA - PM1: Number and percent of annual Quality Reports submitted by DDA, to the ~~OHS~~QLTSS, in the correct format and timely. N = # of Quality Reports submitted by DDA in the correct format and timely. D = # of Quality Reports ~~received~~ required by the ~~OHS~~QLTSS.*
Data Source *(Select one) (Several options are listed in the on-line application): Other*	
If 'Other' is selected, specify: DDA Quality Report	

	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*
	☑ *State Medicaid Agency*	☐ *Weekly*	☑ *100% Review*
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*
	☐ *Sub-State Entity*	☐ *Quarterly*	☐ *Representative Sample; Confidence Interval =*
	☐ *Other Specify:*	☑ *Annually*	
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		☐ *Other Specify:*	
			☐ *Other Specify:*

Performance Measure:	*AA - PM2: Number and percent of providers with Medicaid Provider Agreements that are executed in accordance with standards established by the Medicaid agency. N = # of providers with Medicaid Provider Agreements that are executed in accordance with standards established by the Medicaid agency. D = # of providers*
Data Source *(Select one) (Several options are listed in the on-line application): Reports to State Medicaid Agency on delegated Administrative functions*	
If 'Other' is selected, specify:	

	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*
	☑State Medicaid Agency	*☐Weekly*	*☑100% Review*
	☐Operating Agency	*☐Monthly*	*☐Less than 100% Review*
	☐Sub-State Entity	*☑Quarterly*	*☐Representative Sample; Confidence Interval =*
	☐Other Specify:	*☐Annually*	
		☐Continuously and Ongoing	*☐Stratified: Describe Group:*
		☐Other Specify:	
			☐Other Specify:

Performance Measure:	*AA - PM3: Number and percent of waiver policies approved by the ~~OHS~~OLTSS. N = Number of waiver policies approved by the ~~OHS~~OLTSS D = Total number of waiver policies issued.*
Data Source *(Select one) (Several options are listed in the on-line application):Presentation of policies or procedures*	
If 'Other' is selected, specify:	

	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*
	☑State Medicaid Agency	*☐Weekly*	*☑100% Review*
	☐Operating Agency	*☐Monthly*	*☐Less than 100% Review*
	☐Sub-State Entity	*☐Quarterly*	*☐Representative Sample; Confidence Interval =*
	☐Other Specify:	*☑Annually*	
		☑Continuously and Ongoing	*☐Stratified: Describe Group:*
		☐Other Specify:	
			☐Other Specify:

Performance Measure:	*AA - PM4: Number and percent of quarterly meetings held over a fiscal year to specifically monitor progress of performance measures. N = # of quarterly meetings held during the fiscal year that focused on monitoring of performance measures. D = # of quarterly meeting scheduled during the fiscal year.*
Data Source *(Select one) (Several options are listed in the on-line application):Meeting Minutes*	

If 'Other' is selected, specify:			
	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*
	☑ *State Medicaid Agency*	☐ *Weekly*	☑ *100% Review*
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*
	☐ *Sub-State Entity*	☑ *Quarterly*	☐ *Representative Sample; Confidence Interval =*
	☐ *Other Specify:*	☐ *Annually*	
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		☐ *Other Specify:*	
			☐ *Other Specify:*

Performance Measure:	*AA - PM5: Number and percent of Type 1 - Priority A - incidents of abuse, neglect or exploitation reviewed that did not require technical assistance or intervention by the ~~OHS~~OLTSS. N = # of Type 1 - Priority A incidents of abuse, neglect or exploitation reviewed that did not require technical assistance or intervention by the ~~OHS~~OLTSS. D = Number of Type 1 – Priority A incidents of abuse, neglect or exploitation reviewed by the ~~OHS~~OLTSS.*
Data Source *(Select one) (Several options are listed in the on-line application):Other*	
If 'Other' is selected, specify:PCIS2 PORII Module	

	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*
	☑ *State Medicaid Agency*	☐ *Weekly*	✓ *100% Review*
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*
	☐ *Sub-State Entity*	☑ *Quarterly*	☐ *Representative Sample; Confidence Interval =*
	☑ *Other Specify: Office of Health Care Quality*	☐ *Annually*	
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		☐ *Other Specify:*	
			☐ *Other Specify:*

Performance Measure:	*AA - PM6: Number and percent of on-site death investigations conducted by the OHCQ that met requirements. N = # of on-site death investigations reviewed by*

	the OHCQ ~~the~~ that met requirements. D = # of on-site death investigations reviewed by the OHCQ

Data Source *(Select one) (Several options are listed in the on-line application):Record ~~reviews~~Review, on site*

If 'Other' is selected, specify:

	Responsible Party for data collection/generation *(check each that applies)*	***Frequency of data collection/generation:*** *(check each that applies)*	***Sampling Approach*** *(check each that applies)*
	☑ *State Medicaid Agency*	☐ *Weekly*	☑ *100% Review*
	☐ *Operating Agency*	☐ *Monthly*	☐ *Less than 100% Review*
	☐ *Sub-State Entity*	☑ *Quarterly*	☐ *Representative Sample; Confidence Interval =*
	☐ *Other Specify:*	☐ *Annually*	
		☐ *Continuously and Ongoing*	☐ *Stratified: Describe Group:*
		☐ *Other Specify:*	
			☐ *Other Specify:*

ii *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

b. Methods for Remediation/Fixing Individual Problems

i *Describe the State's method for addressing indiyidual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

The ~~Office of Health Services (OHS~~OLTSS~~)~~Office of Long Term Services and Supports (OLTSS) within the State Medicaid Agency (SMA) is responsible for ensuring that the DDA performs its assigned waiver operational and administrative functions in accordance with the waiver requirements. To this end, ~~OHS~~OLTSS has developed communication and reporting mechanisms to track performance measures as detailed herein.

The DDA submits an Annual Quality Report to ~~OHS~~OLTSS. It is a report on the status of waiver performance measures and includes discovery findings, remediation strategies, challenges, and system improvements associated with each waiver assurance including Level of Care, Service Plan, Qualified Providers, Health and Welfare, Financial Accountability, and Administration. The report includes any barriers to data collection and remediation steps. The ~~OHS~~OLTSS, upon review of the report, will meet with DDA to address problems and barriers. Guidance from ~~OHS~~OLTSS to DDA regarding changes in policies, procedures, or other system changes will be dependent upon the problems or barriers identified. ~~OHS~~OLTSS and DDA communicate regularly and meet quarterly to discuss performance measures. If problems are identified regarding delegated functions, ~~OHS~~OLTSS and DDA develop solutions guided

by waiver assurances and the needs of waiver participants with ~~OHS~~OLTSS exercising ultimate authority to approve such solutions.

ii Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)	***Responsible Party*** *(check each that applies)*	***Frequency of data aggregation and analysis:*** *(check each that applies)*
	☑ *State Medicaid Agency*	☐ *Weekly*
	☐ *Operating Agency*	☐ *Monthly*
	☐ *Sub-State Entity*	☑ *Quarterly*
	☐ *Other Specify:*	☐ *Annually*
		☐ *Continuously and Ongoing*
		☐ *Other Specify:*

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

☑	**No**
○	**Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
